CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.		A I wone Document			IRV	
NAME (LAST)	(FIRST)		(MIDDL		DAYTIME TELEPHONE NUMBER	
Nestande	Brian		Kenr	neth		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY		STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS	
			:	`		
1. Office, Agency, or Court			4. Schedul	e Summar	У	
Name of Office, Agency, or Court:			► Total numb			
California State Assembly			including this cover page:			
Division, Board, District, if applicable	:	_	► Check application interests."	cable schedu	les or "No reportable	
Your Position:		-	I have disclo attached sch		on one or more of the	
Assemblyman, 64th District		_	Schedule A.:	1 👿 Vas _ s	schedule attached	
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)			Investments (Less than 10% Ownership)			
Agency:		-		2 ☐ Yes – s 10% or Greater Owi	schedule attached nership)	
Position:		-	Schedule B Yes – schedule attached Real Property			
		_	Schedule C	☐ Yes - s	chedule attached	
2. Jurisdiction of Office (Ch	eck at least one box)		Income, Loans and Travel Payme		OSitionS (Income Other than Gifts	
⋉ State			Schedule D	X Yes - s	chedule attached	
County of		-	Income - Gifts			
☐ City of		.	Schedule E	🛛 Yes – s	chedule attached	

City of	
☐ Multi-County	
☐ Other	
3. Type of Statement	(Check at least one box)
Assuming Office/Initial	Date:/
Annual: The period cover through December 31, 20	<u>•</u>
-(or-
O The period covered is December 31, 2009.	/, through
Leaving Office Date Lef (Check one)	t:/
O The period covered is date of leaving office.	January 1, 2009, through the
-(or-
O The period covered is the date of leaving offi	/, through ce.
	r: <u>2008</u>

4. Schedule Summary		
➤ Total number of pages including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2		
Schedule B Yes – schedule attached Real Property		
Schedule C		
Schedule D X Yes – schedule attached Income – Gifts		
Schedule E Yes – schedule attached Income – Gifts – Travel Payments		
-or-		
☐ No reportable interests on any schedule		

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed	February 23, 2010		
5 at 5 5 19 10 a	(month. dav. wear)		
Signature			

(File une originary signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brian Nestande

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Stone Haven Development	F WANTE OF BOSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Housing Developemnt	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 \$10,000 \$10,000 Over \$1,000,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Pay Interest for Work Done ☐ Stock ☑ Other	NATURE OF INVESTMENT
Stock Stock (Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
P TOTAL OF BUSINESS ENTITY	The state of Bookers Entity
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAID MADICET VALUE	CALD MADVET WALLE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000	\$2,000 - \$10,000
[] \$100,001 - \$1,000,000 [] Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUOINESS ENTITY	NAME OF DUCINICS PARTY
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CENEDAL DESCRIPTION OF DUCINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
11	
Comments	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

BRIAN NESTANDE

► NAME OF SOURCE		► NAME OF SOUR			
MillerCoors LLC			Assemblyman Same Blakeslee		
ADDRESS (Business Address Acceptable)		ADDRESS (Busine	ess Address Accepta	ble)	
411 E Wisconsin Ave/ Milwaukee, Wisconsin 53202		2150 River P	laza Dr. #150		
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIV	ITY, IF ANY, OF SOI	URCE	
		Joint Legisla	tive Summitt		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
05 / 18 / 09 \$ 176.90	Meal & Beverages	12,01,09	\$276.69	Briefcase/Jacket/CuffL	
\$			\$	·	
\$			\$	-	
► NAME OF SOURCE		► NAME OF SOURCE			
State Building & Construction	· · · · · · · · · · · · · · · · · · ·		of Luiseno Ind		
ADDRESS (Business Address Acceptati	ole)	11	ss Address Acceptat		
1225 8th St Suite 375/ Sacra	amento CA 95814		Valley Center,		
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE	
Building & Construction Trac	de				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
07 / 08 / 09	Dinner	05 , 08 , 09	\$ <u>108.50</u>	Gift Basket/ Dinner	
/ \$			\$		
			\$		
► NAME OF SOURCE		► NAME OF SOURC	E		
California Tribal Business Al	liance	CTTC 980 9th	St. Suite 480	Sacramento, CA 95814	
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines	ss Address Acceptab	ile)	
1530 J Street, Suite 250					
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01,14,09 \$ 88.77	Reception	04,28,09	\$50.00	Cost of Food	
08 / 26 / 09 \$ 29.00	Luncheon		\$		
			\$		
Comments:					

SCHEDULE D Income - Gifts



Brian Nestande

► NAME OF SOURCE	► NAME OF SOURCE		
Family Winemakers of California	Barona Band of Mission Indians		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
520 Capitol Mall Suite 260/ Sacramento CA 95814	1095 Barona Rd/ Takeside CA 92040		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
01 <u></u>	03 , 13 , 09 _{\$} 96.12 Hotel Room		
\$	03 , 13 , 09		
\$	03 , 13 , 09 _{\$} 113.22 <u>Meals</u>		
► NAME OF SOURCE	► NAME OF SOURCE		
CalPortland			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
455 Capitol Mall Suite 801/Sacramento CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
06 / 23 / 09			
·			
► NAME OF SOURCE	▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
/			
/			
/			
Comments:			

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIF	ORNIA FORM 700
	ITICAL PRACTICES COMMISSION
Name	
	Brian Nestande

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	
Frank Singer	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3552 Venture Drive	
CITY AND STATE	CITY AND STATE
Huntington Beach, CA 92649	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pilot for Roy Wilsons Service	
DATE(S): 09 / 02 / 09 - 09 / 02 / 09 AMT: \$ 260.00	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) 🛛 Gift 📗 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Flew members down to Riverside	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
LA/Ontario International Airport	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1940 East Moore Way	
CITY AND STATE	CITY AND STATE
Ontario, CA 91761	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Parking	
DATE(S): 01 / 01 / 09 12 / 31 / 09 AMT: \$ 1640.00	DATE(S):
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	



Comments: _____

SCHEDULE D Income – Gifts



AMENDMENT

AME OF SOURCE	► NAME OF SOURCE
uth's Chris Steak House	
DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
355 North Harbor Drive, San Diego, CA 92101	
SINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
TE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3 / 14 / 09 。 54.37 Dinner	
5 14 09 \$ 54.57 Diffice	-
	- / \$
	Manager Company
	\$
ME OF SOURCE	► NAME OF SOURCE
DRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	3
E (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	_
_// \$	- /
_/ \$	-
ME OF SOURCE	Verification
	Print Name Brian Nestande
RESS (Business Address Acceptable)	I
	Office, Agency District 64
INESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 🔀 2009/2010 Annual 🗌 Assuming 🔲 Leaving
	Annual Candidate
E (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information
	contained herein and in any attached schedules is true and complete.
J \$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	11
	Date Signed03/01/2010
J \$	Date Signed

RECEIVED



Comments: __

JUN 22 2010

SCHEDULE Describer State of Company of the Office of Company of the Office of Company of the Office of the Office

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

BY:

NAME OF SOURCE	► NAME OF SOURCE		
CTTC - California Travel & Tourism Commission	Rincon Band of Luiseno Indians		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
980 9th St./ Suite 480/ Sacramento/ CA 95814	PO Box 68/ Valley Center/ CA 92028		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Reception	Government Organization Committee Education Tour		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
4 _ 28 _ 09 _ \$ _ 50.00 _ Food/ Bever/ Location	05 / 08 / 09 \$ 108.50 Gift Basket/ Dinner		
	\$		
	\$		
NAME OF SOURCE	► NAME OF SOURCE		
MillerCoors LLC	Barona Band of MIssion Indians		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
411 E. Wisconsin Ave/ Milwaukee, Wisconsin 53202	1095 Barona Rd/ Takeside CA 92040		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Brewers Banquet @ Spataro Restaurant in Sacramet			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
05 18 09 176.90 Meal & Beverages	03 13 09 96.12 1 night @ Hotel		
	<u>03 / 13 / 09</u> <u>\$ 24.00</u> <u>Food</u>		
	03 13 09 113.22 Dinner @ Resort		
NAME OF SOURCE	Verification		
California Tribal Business Alliance	Print Name Brian Nestande		
ADDRESS (Business Address Acceptable)			
1530 J Street, Suite 250	Office, Agency or Court State Capitol - Room 4153		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type X 2009/2010 Annual Assuming Leaving		
Reception - Back to Session Bash/ Luncheon	Assuming Candidate		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have		
01 14 09 \$ 88.77 Reception	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.		
08 / 26 / 09 \$ Luncheon	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	Date Signed June 21, 2010		
	'month day year)		
	Signature		